

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-021230

STATE FILE NUMBER

FILED JUL 1 1958 Registration District No. 69 Primary Registration District No. 5271 Registrar's No. 121

300  
-57

1. PLACE OF DEATH a. COUNTY <b>Christian</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Christian</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Logan Twsp</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>Nixa 0220</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Route 1, Nixa</b>		Length of stay in lb <b>Life time</b>	d. STREET ADDRESS (If outside, give location) <b>Route 1</b>
Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Middle Last <b>GEORGE O OWEN</b>			4. DATE OF DEATH Month Day Year <b>June 25, 1958</b>		
5. SEX <b>Male D</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Sept 4, 1900</b>		9. AGE (In years last birthday) <b>57</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	11. BIRTHPLACE (City and state or country) <b>Greene Co., Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S. A.</b>

13a. FATHER'S NAME <b>George Owen</b>		13b. MOTHER'S MAIDEN NAME <b>Lulu Belle Oatman</b>		14. NAME OF HUSBAND OR WIFE <b>Merle Owen</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>		17. INFORMANT Address <b>Mrs Merle Owen, Nixa, Missouri</b>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Carcinoma Rectum</b>			INTERVAL BETWEEN ONSET AND DEATH <b>7 mo</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>metastases, generalized, to</b>		
	DUE TO (c) <b>Liver - Liver</b>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>154X</b>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	

21. I attended the deceased from \_\_\_\_\_, to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_  
Death occurred at **12:05 A.M.** \_\_\_\_\_ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>Alon F. Gose M.D.</b> (Degree or title)	22b. ADDRESS <b>302 Prag Bldg Sfg Mo</b>	22c. DATE SIGNED <b>6/27/58</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>June 27, 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Payne Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Near, Nixa, Missouri</b>
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24. FUNERAL DIRECTOR <b>Jewell E. Windle</b> ADDRESS <b>Springfield, Mo</b>	25. DATE RECD. BY LOCAL REG. <b>June 29, 1958</b>	26. REGISTRAR'S SIGNATURE <b>Oline Autter</b>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

1958 JUL 3

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed *Bernard F. Wright*

Licensed Embalmer No. .... *4293*

P. O. Address *Springfield*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.